

Statement of Organization Recipient Committee

Type or print in ink

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STATEMENT OF ORGANIZATION

Statement Type

☒ Initial☐ Amendment☐ Termination— See Part 5Not yet qualified ☒ or

List I.D. number:

List I.D. number:

Date qualified as committee

Date qualified as committee
(If applicable)

Date of Termination

RECEIVED AND FILE
in the office of the Secretary of State
of the State of California

JUN 17 2008

DEBRA BOWEN
Secretary of State

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Lodi Chamber of Commerce Political Action Committee (Sponsored by Lodi
District Chamber of Commerce)

STREET ADDRESS (NO P.O. BOX)

35 S. School Street

CITY

Lodi

STATE

CA

ZIP CODE

95240

AREA CODE/PHONE

209-367-7840

MAILING ADDRESS (IF DIFFERENT)

319 E. Main Street, Turlock, CA 95380

OPTIONAL: FAX/ E-MAIL ADDRESS

COUNTY OF DOMICILE

San Joaquin County

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Pat Patrick

STREET ADDRESS

35 S. School Street

CITY

Lodi

STATE

CA

ZIP CODE

95240

AREA CODE/PHONE

209-367-7840

NAME OF ASSISTANT TREASURER, IF ANY

Amy Wilson

STREET ADDRESS

319 E. Main Street

CITY

Turlock

STATE

CA

ZIP CODE

95380

AREA CODE/PHONE

209-669-0880

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 06/10/08 DATEBy Pat Patrick SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ DATE

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ DATE

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ DATE

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

RECEIVED

JUL 07 2008

City Clerk
City of Lodi

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I.D. NUMBER

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Lodi Chamber of Commerce Political Action Committee (Sponsored by Lodi District Chamber of Commerce)

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

Primarily Formed Committee

		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Lodi Chamber of Commerce Political Action Committee (Sponsored by Lodi District Chamber of Commerce)

ID. NUMBER

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☐ COUNTY Committee ☒ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

To support local and statewide candidates.

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Lodi District Chamber of Commerce

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Chamber of Commerce

35 S. School Street

Lodi

CA

95240

Small Contributor Committee

Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.